



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: MERIDIAN PLASTIC SURGERY CENTER

Street Address: 170 W. 106th St

City: Indianapolis

County: IN

Administrator Name: Stephen Perkins MD

Administrator Email: mhuscroft@meridianplasticsurgerycenter.com

ASC Web Address:

Fiscal Year: 2019

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1320	3460
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
19371 capsulectomy	157	
19325 mammoplasty augmentation with implant	124	
15877 suction assisted lipectomy	117	
19316 mastopexy	109	
15828 facelift	87	
15820 blepharoplasty	84	
15838 SML	72	
11310 shaving of dermal lesion	71	
30465 spreader graft	59	
15847 excision excessive skin	58	

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.

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